



TPW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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## TRANSMITTAL FORM

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Total Number of Pages in This Submission

3

Application Number

10/619,510

Filing Date

16 July 2003

First Named Inventor

Robert MAERZ

Art Unit

Unassigned

Examiner Name

Unassigned

Attorney Docket Number

018.2002

### ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/  
Incomplete Application

☐

Reply to Missing Parts  
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a  
Provisional Application

☒

Power of Attorney, Revocation

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board  
of Appeals and Interferences

☐

Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☐

Other Enclosure(s) (please identify  
below):

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Schwartz Sung & Webster

Signature

Printed name

Jeff E. Schwartz

Date

15 April 2005

Reg. No.

39,019

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PTO/SB/82 (09-G4)

Approved for use through 11/30/2005. OMB 0651-0035

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/619,510
Filing Date	16 July 2003
First Named Inventor	Robert MAERZ
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	018.2002

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 49837

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

49837

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor. ✓

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Ernest SJO

Date

3-30-05

Telephone

949-422-5909

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (09-04)

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Application Number	10/619,510
Filing Date	16 July 2003
First Named Inventor	Robert MAERZ
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	018.2002

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 49837☒ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:49837**OR**☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Robert MAERZ

Date

3/26/05

Telephone

(805) 565-0266

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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